

County: Milwaukee  
 PLYMOUTH MANOR NURSING/REHABILITATION  
 619 WEST WALNUT STREET  
 MILWAUKEE 53212 Phone:(414) 263-1770

Facility ID: 8510

Page 1

Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/02): 81  
 Total Licensed Bed Capacity (12/31/02): 81  
 Number of Residents on 12/31/02: 81

Ownership: Corporation  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 78

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						1 - 4 Years			27.2
Supp. Home Care-Personal Care	No						More Than 4 Years			37.0
Supp. Home Care-Household Services	No		Developmental Disabilities	1.2	Under 65	38.3				35.8
Day Services	No		Mental Illness (Org./Psy)	8.6	65 - 74	17.3				-----
Respite Care	Yes		Mental Illness (Other)	9.9	75 - 84	23.5				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	17.3				*****
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	3.7				Full-Time Equivalent
Congregate Meals	Yes		Cancer	1.2		-----				Nursing Staff per 100 Residents
Home Delivered Meals	No		Fractures	3.7		100.0				(12/31/02)
Other Meals	No		Cardiovascular	16.0	65 & Over	61.7				-----
Transportation	No		Cerebrovascular	6.2		-----				RNs 8.9
Referral Service	No		Diabetes	4.9	Sex	%				LPNs 11.5
Other Services	No		Respiratory	7.4		-----				Nursing Assistants,
Provide Day Programming for			Other Medical Conditions	40.7	Male	35.8				Aides, & Orderlies 40.1
Mentally Ill	Yes			-----	Female	64.2				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	Yes					100.0				

\*\*\*\*\*

#### Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care						
		Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All		
Level of Care	No.	%																			
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0		
Skilled Care	4	100.0	271	65	87.8	140	0	0.0	0	0	0.0	0	3	100.0	141	0	0.0	0	88.9		
Intermediate	---	---	---	7	9.5	121	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8.6		
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0		
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0		
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0		
Dev. Disabled	---	---	---	2	2.7	185	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2.5		
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0		
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0		
Total	4	100.0		74	100.0		0	0.0		0	0.0		3	100.0		0	0.0	81	100.0		

*****									
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
				% Needing Assistance of		% Totally		Total	
Percent Admissions from:		Activities of		One Or Two Staff		Dependent		Number of Residents	
Private Home/No Home Health	12.7	Daily Living (ADL)	Independent						
Private Home/With Home Health	0.0	Bathing	19.8		33.3		46.9		81
Other Nursing Homes	0.0	Dressing	32.1		23.5		44.4		81
Acute Care Hospitals	69.1	Transferring	56.8		12.3		30.9		81
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	45.7		13.6		40.7		81
Rehabilitation Hospitals	0.0	Eating	61.7		7.4		30.9		81
Other Locations	18.2	*****							
Total Number of Admissions	55	Continence		%	Special Treatments			%	
Percent Discharges To:		Indwelling Or External Catheter		4.9	Receiving Respiratory Care			0.0	
Private Home/No Home Health	20.8	Occ/Freq. Incontinent of Bladder		53.1	Receiving Tracheostomy Care			0.0	
Private Home/With Home Health	8.3	Occ/Freq. Incontinent of Bowel		51.9	Receiving Suctioning			0.0	
Other Nursing Homes	0.0				Receiving Ostomy Care			2.5	
Acute Care Hospitals	18.8	Mobility			Receiving Tube Feeding			16.0	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained		1.2	Receiving Mechanically Altered Diets			28.4	
Rehabilitation Hospitals	0.0								
Other Locations	14.6	Skin Care			Other Resident Characteristics				
Deaths	37.5	With Pressure Sores		6.2	Have Advance Directives			100.0	
Total Number of Discharges		With Rashes		7.4	Medications				
(Including Deaths)	48				Receiving Psychoactive Drugs			65.4	